## CITY OF DUBLIN, OHIO DIVISION OF TAXATION

PO Box 9062 Dublin OH 43017-0962 Telephone (614) 410-4449 Toll Free (888) 490-8154 Fax (614) 923-5520

## CITY OF DUBLIN CHANGE OF ADDRESS



PART 1 -	CHANGE YOUR HOME MA	ALLING ADDRE	SS	
Individual income	tax returns			
f your last return	was a joint return and you are now estab	olishing a residence s	eparate from the spouse with v	whom you filed that return, check here $lacksquare$
Your name (first r	name, middle initial and last name)			Your Social Security Number
Spouse's name (	first name, middle initial and last name)			Spouse's Social Security Number
Prior name(s)				
Old address (number, street, city or town, state and zip code)				Apt. No.
New address (number, street, city or town, state and zip code)				Apt. No.
PART 2 -	CHANGE YOUR BUSINESS	6 MAILING AD	DRESS OR BUSINE	SS LOCATION
Check all boxes t	his change affects:   Business net pr	rofit returns 🔲 E	mployer withholding returns	☐ Business location
Business name				EIN/FID Number
Old mailing addr	ress (number, street, city or town, state a	nd zip code)		Room or Suite No.
New mailing address (number, street, city or town, state and zip code)				Room or Suite No.
New Telephone No.				New Fax No.
PART 3 –	SIGNATURE			
	Daytime telephone number of person to contact (optional)			
Sign Here	Your signature	Date	If Part 2 completed, sign	ature of owner, officer or representative Date
	<b>•</b>		<b>•</b>	
	If joint return, spouse's signature	Date	Print Name and Tit	tle
	<b>•</b>		<b>&gt;</b>	